



The information within this guide is for informational purposes only. It is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of a qualified health care provider with any questions you may have regarding a medical condition or treatment and before undertaking a new health care regimen.

PRINT ON 4X6 INDEX CARDS
or booklet print, laminate & bind
with loose leaf binder rings and
clip to your doula/labor bag for
ease of reference

Perinatal Pocket Guide

for Doulas, Dads & Birth Partners

DAILY ACTIVITIES



Hydrate

Drink water & herbal teas to thirst

Eat hydrating foods. Reduce dehydrating foods



Walk

1-5 miles should be the daily average

2,000-10,000 steps spaced throughout the day

Move in nature at minimum 2 hours daily in all weather



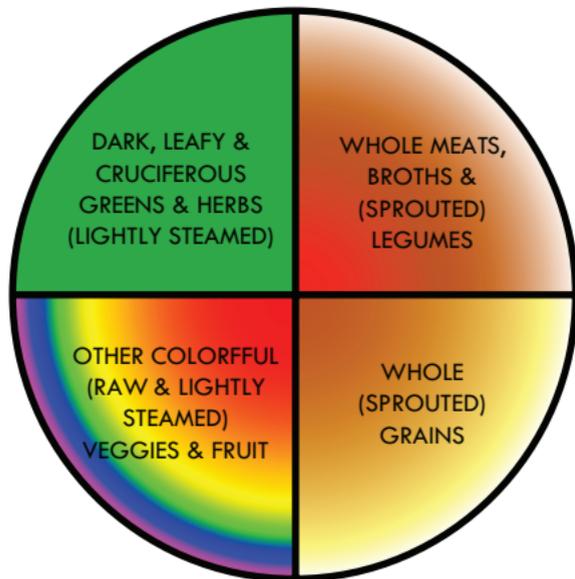
Move & Relax

Stretch, squat, bend, twist, bellydance, reach, move

Relax, sleep & schedule time for self-care

Be aligned in all ways that you move

SIMPLE PORTIONS™



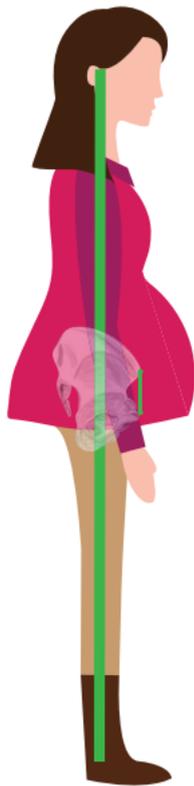
Balanced Eating

Whole Organic Foods
Home Grown & Farmer's Market
Wild Foods
Plant Dominate Meals & Snacks
Low to No Processed Foods

Healthy fats, protein, and carbs with
each snack and meal

1-3 Cups Daily of Herbal Tea:
Nettle Leaf
Red Raspberry Leaf

ALIGNMENT



Profile Alignment

Stacked vertical profile alignment of:

Ears

Shoulders

Iliac crest (top of hip)

Knees

Lateral Malleolus (ankle bump)

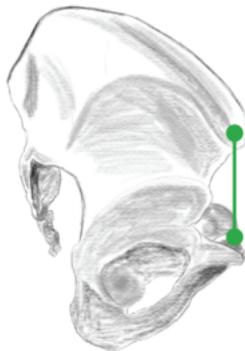
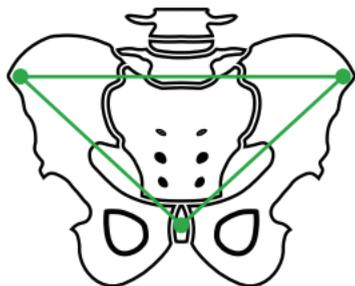
Toes & knees directing forward

Nose doesn't point up or down

Ribs are relaxed

Glutes balance uterine growth

ALIGNMENT



Pelvic Alignment

Arch in spine above the pelvis remains
Iliac crests on same horizontal plane
Anterior superior iliac crests on same
vertical plane as symphysis pubis
Mobile sacrum & coccyx

Squat with shins vertical and knees not
moving past the toes
Stretch the hamstrings & pelvic
ligaments with varied movements,
alignment & daily stretches

STRETCHING

Daily Needs

Barefoot & Flat Shoes

Move in Various Ways

Squat to eliminate, pick-up, get things

Get up on your sitz bones with aligned
pelvis if sitting in any way

Take movement breaks every hour

Balance bent-leg positions with
straight and moving positions

Techniques

Bellydancing

Calf Stretches

Hamstring Stretches

Pelvic Gluteus Stretches

Abdominal Massage

Rebozo Massage

Sidelying & PSOAS Release

Physical Therapy

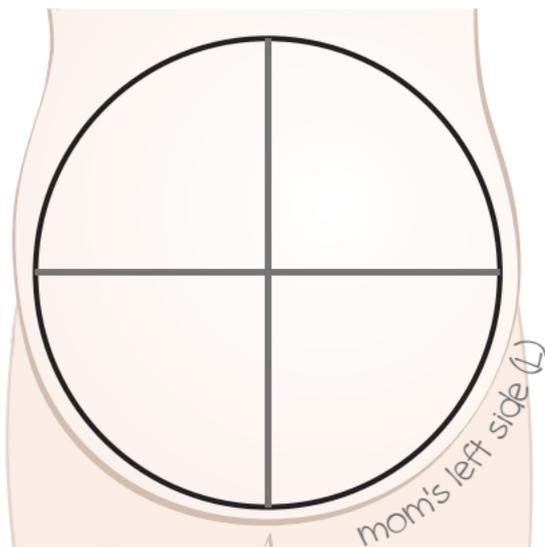
Chiropractic Care

Massage

Water Immersion Therapy

Other bodywork as desired

Belly Mapping Key



"A" - Anterior; mom's front

"P" - Posterior; mom's back



Heart Beat



Head; hard bulge



Back; long & hard



Bum; soft bulge



Kicks; feet



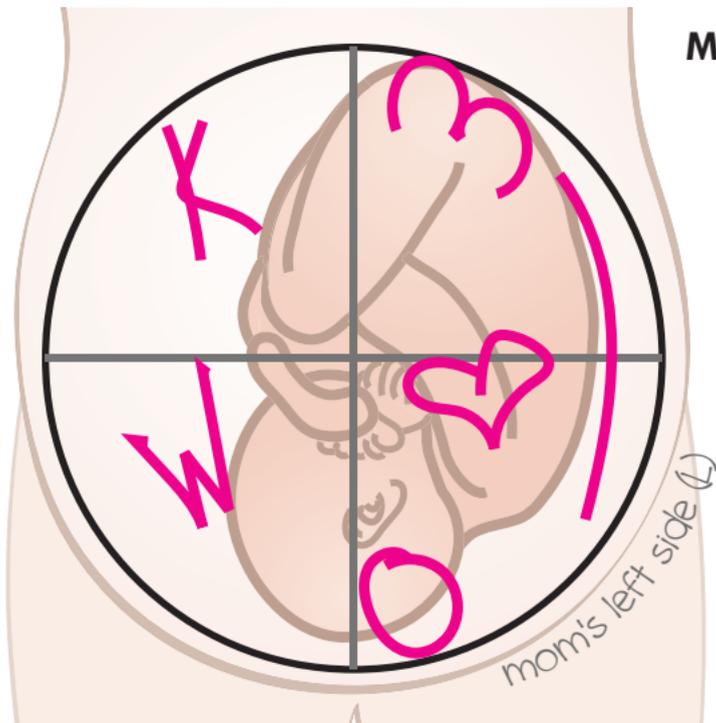
Wiggles & Tickles; hands



"O" - Occiput

Back of Baby's Head

Left Occiput Anterior (LOA) - Optimal Position



Mapping Thoughts

Position isn't final

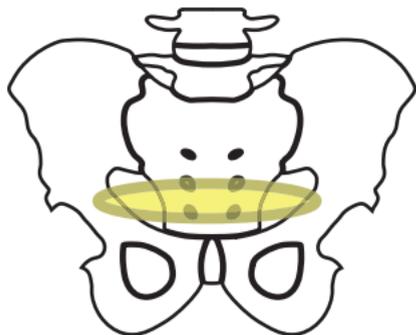
Limbs are opposite the
back

Bum is opposite the head

Contractions may distort
the mapping

Feet always in the ribs
can indicate pelvic tilt

Alignment and soft tissue
balance will support
baby's position



Pelvic Inlet Progression

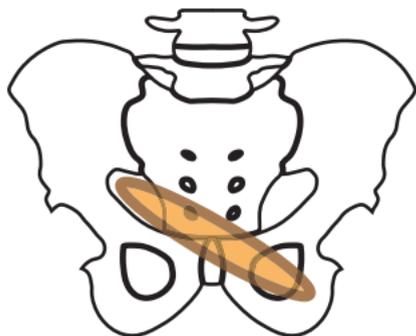
- Baby at -5 to -2 station
- Opening is widest left to right
- Baby “engages”
- Contractions start mild and get longer, stronger and closer together
- Baby rotates to LOA
- Waters may bulge or gush

Supporting Scenarios

- Erratic Contraction Pattern
- Baby Not Engaged
- Baby is “Posterior”
- Strong Contractions - Slow to No Dilation

Techniques

- Relax - Quiet, Calm & Dark
- Birth Team Available for Communication
- Give baby’s head time to mould
- Move & open pelvis to allow rotation: walking, lunging, walking up steps, leg up on a chair, rebozo wiggling the pelvis
- Open the pelvis diagonally and front to back
- Align & side release; baby’s chin needs flexed
- Get baby off pubic symphysis, rebozo & pelvic tilts
- Knee chest for a few contractions and reassess
- Evening primrose oil for cervical scar tissue



Pelvic Midline Progression

Baby at -1 to +1 station

Opening is widest diagonally

Baby descends through ischial spines as head rotates while shoulders move through inlet

Waters may trickle if ruptured

Supporting Scenarios

Stalled Labor - "Failure to Progress"

Intense pressure or "Back Labor"

Techniques

Relax - Quiet, Calm & Dark

Birth Team supporting and creating trust

Release the pelvic floor & sacrum

Move & open pelvis to allow descent: walking, side reaching lunges, walking up steps, leg up on a chair, rebozo wiggling the pelvis, belly dance

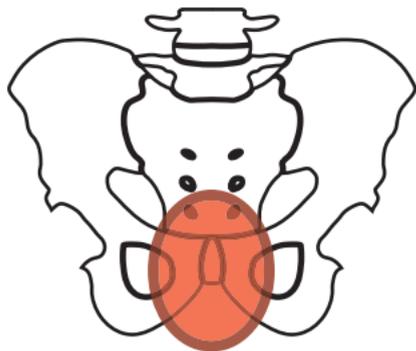
Water therapy for relaxation

Side lying & sacrum release

Leg up high and mom forward - peanut ball rotations

Squat with pulling on a door or someone

Chiro adjustment or bodywork



Pelvic Outlet Progression

Baby at +2 to birth

Opening is widest front to back

Baby arches past pubic

symphysis & does “Baby Dance”

Baby typically born facing

mom’s back then rotates

shoulders through outlet to birth

Supporting Scenarios

Resting Phase & Slow or Pause in Contractions

Full dilation without urge to push

Cervical lip

Shoulder dystocia

Techniques

Relax - Quiet, Calm & Dark

Birth Team reassuring and present

Be PATIENT - Wait for Descent - Rest if ctx slow or stop

Breathe baby down, release on exhale, don’t tighten

Move & open pelvis front to back and all ways:

Relax, rest, squat, birth stool, toilet

Upright, forward leaning & all fours positions

Squat bar, walking stick or strap for pulling support

Release the coccyx ligaments

Flip to front or to back if shoulders “stuck”

Placenta Uses

Postpartum Hemorrhage

Quiet, Calm, & Dark

Baby Skin to Skin

Baby “Breast Crawl”

Massage uterus to firm grapefruit size

Cord in the Mouth

Thumb-nail-size piece of placenta under
the tongue, between cheek & gums

Herbs:

Shepherd's Purse & Yarrow

Black and/or Blue Cohosh

Placenta Smoothie

1/4 Cup Placenta, cubed

1 Cup Frozen Fruit

1/2 Cup Whole Juice

1 Tbls herbal greens, optional

Water as needed to blend

Blend until smooth.

Keep refrigerated and consume
within 6-8 hours.

Placenta smoothies are best used
within 12 hours of birth

Hello Baby

Newborn Breathing

Do NOT clamp or cut the cord - this is baby's backup oxygen supply

Baby Skin to Skin

Initiate breastfeeding, eye gazing, touching, calm talking

Clear baby's airways

Stimulate baby in some way:

Rub baby's back and head briskly

Hold baby's neck, head and bottom and lift above your head bringing
briskly down to trigger the startle reflex and initiate breathing

Latching

Basic Latch Checklist

Baby is Swallowing Milk

Mom is Comfortable

Baby has a suck-pause pattern

Bab's mouth opens wide

Baby's head is tilted backwards

Baby's chin is buried in the breast

Space between baby's nose and
mom's breast

Baby's chest is held close

Baby is belly-to-belly, slightly tilted up

Baby's lips are flared wide, not pursed

Best Remedies

Check Positioning

Check for Swallowing

Assess for Muscle Tightness

Assess for Tongue & Lip Ties

Use Breast Compressions

No pacifiers or artificial nipples

Avoid nipple shields

Use SNS/Lactation Aid if
supplements are necessary